

NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
Steve Troxler, Commissioner
FOOD AND DRUG PROTECTION DIVISION
Daniel L. Ragan, Director

APPLICATION FOR PRESCRIPTION DRUG REGISTRATION

NCGS 106-140.1 - Registration of Producers of Prescription Drugs and Devices

Fees: Manufacturer or Repackager - \$500.00; Wholesaler - \$350.00

Type or print answers to all questions. Use "Not Applicable" where appropriate. Pay fee by check or money order payable to "North Carolina Department of Agriculture and Consumer Services". **Do Not Send Cash.** Complete and return application, along with fee, to:

NORTH CAROLINA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
FOOD AND DRUG PROTECTION DIVISION
1070 MAIL SERVICE CENTER, RALEIGH, NC 27699-1070
TELEPHONE: 919-733-7366; FAX: 919-733-6801
E-Mail: dan.ragan@ncagr.gov or sharon.fields@ncagr.gov

Check One:

€ Manufacturer

€ Repackager

€ Wholesaler

1. Name of Establishment

2. Telephone Number

3. Street Address

4. City, State, Zip Code

E-Mail Contact _____

*Renewal notification in October based on e-mail address submitted on application; please notify us if this changes.

*If not in North Carolina, licensing agency and license number in home state _____

5. Mailing Address if different from above

6. If branch or subsidiary, name and mailing address of main office or parent firm

7. If main office or parent firm, name(s) and address(es) of branch or subsidiary firms
(Use attachments if necessary)

8. Please fill out attached affidavit from **YOUR** licensing State, or supply copy of on-line verification and site address.

FURTHER REQUIREMENTS:

- 1. Attach A Copy Of A Valid, Signed Photo ID Of The Applicant To This Application.**
- 2. Submit A Completed Federal Background Check. No Application Will Be Accepted Without This Document.**

FEDERAL RECORD CHECK PROCEDURE

- **Go To Local Law Enforcement / Sheriff' Office**
- **Request a Finger Print Card and Finger Printing (fee)**
- **Obtain A Money Order Written To: Treasurer Of The United States**
- **Submit:** **Finger Print Card**
 Money order
 Cover letter / Full Name
 Current Address
 Phone Number
 Reason for Request (licensing requirement)
- **Place information in envelope and mail to the following address**

FBI Record Request
1000 Custer Hollow Road
Clarksburg, West Virginia 26306
Phone # 304-625-5590
- **In 3-4 weeks, you should have the report returned from the FBI**
- **Submit the report along with the completed license application to our department**
- **No license will be granted until all of this information is collected and reviewed.**

I, the undersigned, do hereby certify that all the information contained in this application is complete, true, and correct. In addition, I agree that the business will be operated in compliance with all applicable laws and regulations.

Date _____

Applicant Name _____
Owner, Partner, or Officer of Corporation

Title _____

Applicant Signature _____

License expires December 31st of each year

Changes in information supplied in this application must be submitted within 90 days.

